

CLIENT INFORMATION

NAME: _____
DOB: ____/____/____ PLACE OF BIRTH: _____
SOCIAL SECURITY #: _____
DRIVER'S LICENSE #: _____
PRIMARY PHONE #: _____
SECONDARY PHONE #: _____
EMAIL: _____
PREFERRED METHOD OF CONTACT: _____
EMPLOYER: _____
OCCUPATION: _____
EMPLOYER ADDRESS: _____

NUMBER OF YEARS EMPLOYED: _____
ANNUAL INCOME: _____
EXPECTED RETIREMENT DATE: _____

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PRIMARY RESIDENCE (ADDRESS, CITY, STATE & ZIP): _____

NUMBER OF YEARS AT THIS ADDRESS: _____

WEDDING ANNIVERSARY DATE: _____

CHILDREN:

NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____

GRANDCHILDREN:

NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____

HOBBIES/INTERESTS/FAVORITE RESTAURANT: _____

PETS: _____ NAMES: _____

BREED(S): _____

NOTES

ADVISORS

FINANCIAL ADVISOR/STOCKBROKER: _____

ACCOUNTANT: _____

INSURANCE AGENT: _____

ATTORNEY: _____

HOW WOULD YOU RATE YOUR ADVISOR?

(1 LOWEST TO 10 HIGHEST) _____

HOW OFTEN DO YOU HAVE A REVIEW OF YOUR

PLAN? _____

NON-INVESTMENT ACCTS:

CHECKING: \$ _____

SAVINGS: \$ _____

INVESTMENT ACCTS:

PLEASE PROVIDE COPIES OF ALL INVESTMENT
RELATED ACCOUNTS-

FINANCIAL INSTITUTION: _____

ACCOUNT VALUE: _____

ANNUAL CONTRIBUTION AMOUNT: _____

TAX RELATED

PLEASE PROVIDE COPIES OF YOUR LATEST TAX RETURNS. PLEASE INCLUDE ALL SCHEDULES.

HOW DO YOU FEEL ABOUT TAXES? _____

CURRENT BENEFICIARIES

NAME: _____ DOB: _____ SSN: _____ RELATIONSHIP: _____ SHARE: _____

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DEBT RELATED

PLEASE LIST ANY OUTSTANDING DEBTS BESIDES MORTGAGES LISTED ON PAGE 3.

TYPE OF DEBT	AMOUNT OWED	INTEREST RATE	CURRENT PAYMENT	REMAINING TERM
_____	\$ _____	_____ %	\$ _____	_____
_____	\$ _____	_____ %	\$ _____	_____
_____	\$ _____	_____ %	\$ _____	_____
_____	\$ _____	_____ %	\$ _____	_____

MONTHLY BUDGET WORKSHEET

House	Monthly Amount	Transportation	Monthly Amount
Mortgage	\$ _____	Auto Loans	\$ _____
Real Estate Taxes	\$ _____	Auto Insurance	\$ _____
Insurance	\$ _____	Fuel	\$ _____
Maintenance	\$ _____	Repairs	\$ _____
Utilities - Electric	\$ _____	Other	\$ _____
Utilities - Gas	\$ _____	TOTAL	\$ _____
Water/Sewer	\$ _____		
Cable/Phone	\$ _____		
Security	\$ _____		
Trash	\$ _____		
TOTAL	\$ _____		

Daily Living	Monthly Amount	Health	Monthly Amount
Groceries	\$ _____	Health Insurance	\$ _____
Dining Out	\$ _____	Life Insurance	\$ _____
Clothing	\$ _____	Insurance Umbrella	\$ _____
Salon/Manicure	\$ _____	Disability Insurance	\$ _____
Other	\$ _____	Medicine - Drugs	\$ _____
TOTAL	\$ _____	Veterinarian/Pets	\$ _____
		Other	\$ _____
		TOTAL	\$ _____

Debts, Loans	Monthly Amount
Credit Cards	\$ _____
Student Loans	\$ _____

Entertainment	Monthly Amount	Alimony/Child Supp.	Monthly Amount
Home/Shows/Events	\$ _____	Other	\$ _____
Sports/Hobbies	\$ _____	TOTAL	\$ _____
Dues/Memberships	\$ _____		
Vacation/Travel	\$ _____		
Other	\$ _____		
TOTAL	\$ _____		

Charity/Gifts	Monthly Amount
Charitable Donations	\$ _____
Gifts	\$ _____
TOTAL	\$ _____

MONTHLY INCOME: \$ _____ MONTHLY EXPENSES: _____ MONTHLY SURPLUS: _____